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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>171</u>
District of <u>Yuma</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>407</u>
Town of _____			Local Registrar No. _____
or <u>Yuma</u>			
City of _____	No. _____	St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Viola Ruth Gacy</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>F.</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Y</u>
5. No., in order of birth _____		7. Date of birth <u>4 29 23</u> Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Henry Gacy</u>		Full maiden name <u>Edna Waldrop</u>	
9. Residence (Usual place of abode) <u>Glendale</u>		15. Residence (Usual place of abode) <u>Glendale</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
16. Color or race <u>W</u>	11. Age at last birthday <u>23</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) <u>White Oaks</u> (State or country) <u>New Mexico</u>		18. Birthplace (city or place) <u>Mountain Park</u> (State or country) <u>New Mexico</u>	
13. Occupation Nature of industry <u>Clerk</u>		19. Occupation Nature of industry <u>N. W.</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>1</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7:20 P.</u> m. on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>H. E. Wightman</u> (Physician or midwife)	
Address <u>Glendale, Ariz.</u>			
Given name added from a supplemental report _____		Filed <u>7-5</u> 19 <u>23</u> <u>B. G. Joy</u> Month, day, year. Local Registrar.	
Registrar. _____		Filed <u>7-5</u> 19 <u>23</u> <u>B. G. Joy</u> County Registrar.	

538-629-567